



KANSAS STATE FIRE MARSHAL

700 SW Jackson, Suite 600

Topeka, Kansas 66603-3714

Phone (785) 296-3401

Fax (785) 368-6559

200-2A

KSFM

2007

For KSFM Use Only

Permit #

Issue Date

Expiration Date

APPLICATION FOR PERMIT TO USE EXPLOSIVES

(Set 1 of 2 Sets)

NOTE: Use typewriter or print with ball point pen

1. Name (to appear on certificate)							
2. Trade Name, if any				3. Employer Identification or Social Security number			
4. Name of County				5. Address (Street and mailing address, city, state, zip code)			
6. Location (If no street address in item 5, show direction and distance from nearest P.O. or city limits)				7. Telephone Number Business Residence			
				E-mail (required):			
8. Hours of operation of Applicant's business							
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
9. Date operations requiring a permit are desired to commence _____							
10. The Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____				11. Application is made for a permit under KAR 22-4-1 and regulations promulgated by S.F.M. (See instructions) Mark appropriate box <input type="checkbox"/> New Application <input type="checkbox"/> Renewal			
12. Is the Applicant presently engaged in operations involving interstate or foreign commerce in explosive materials for which a permit is required under 18 U.S.C. Chapter 40, explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, show date such operation was commenced. _____							
13. During the term of the permit applied for the Applicant intends to use (See instructions for definitions of explosives) Place an X in the appropriate boxes <input type="checkbox"/> High Explosives <input type="checkbox"/> Low Explosives <input type="checkbox"/> Blasting Agents							
14. The Applicant intends to use the following listed types of explosive materials (Dynamite, TNT, etc.)							
15. The Applicant intends to purchase explosive materials in interstate or foreign commerce <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, state where
16. The Applicant intends to transport explosive materials in interstate or foreign commerce <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, state where
17. Is state or local license or permit required for Applicant operations? <input type="checkbox"/> Yes <input type="checkbox"/> No							If yes, give number of, if not obtained, date applied for
18. Purpose for which explosive materials will be used							
Coal Mining (Including construction on coal mining property)		Agriculture		Road Building		Seismographic Research	
Other Mining or Quarrying		Construction		Oil Well Drilling		Other Lawful Activity (Specify)	
19. The Applicant will store explosives materials (If yes, you must also complete items 21 through 24) <input type="checkbox"/> Yes <input type="checkbox"/> No							
NOTE: Item 20 MUST BE COMPLETED BY USER							
20. Specify quantity of explosive materials needed on hand for daily operations							
STORAGE FACILITY DATA (Must be completed if explosive materials will be stored)							
21. K.A.R. 22-4-1 which incorporates the provisions of NFPA 495 (1992) as regulations promulgated by the State Fire Marshal, states in part that "Explosive materials shall be kept in magazines which meet the requirements of Chapter 3 NFPA 495 (1992)." The Applicant must read and be familiar with these requirements.							

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22. All of the storage facilities listed on the attached sheets, if any, meet the minimum requirements as set forth in NFPA 495 (1992) Chapter 3. <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", explain on separate sheet)			
23. Location and description of each permanent storage facility (Attach separate sheet(s))			
24. Type and description of each portable or mobile storage facility (Attach separate sheet(s))			
RESPONSIBLE PERSONS INFORMATION			
25. List information required for each individual, owner, partner, and other responsible persons in the Applicant's business (If additional space is needed, use a separate sheet.)			
A. Full name (last, first, middle)		Home address	Position Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
B. Full name (last, first, middle)		Home address	Position Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
C. Full name (last, first, middle)		Home address	Position Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
D. Full name (last, first, middle)		Home address	Position Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
Give full details on separate sheet for all "Yes" answers in items 26 & 27			
26. Is applicant or any person named in item 25 above	A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year		Yes No
	B. A fugitive from justice		
	C. Under 21 years of age		
	D. An unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug		
27. Has applicant or any person named in 25 ever	A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year		
	B. Been adjudicated as a mental defective or been committed to any mental institution		
28. CERTIFICATION: Under the penalties imposed by KSA 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to explosive materials for the location in which I intend to do business.			
APPLICANT'S SIGNATURE		TITLE	DATE
FOR KANSAS STATE FIRE MARSHAL USE			
29. Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Reasons for Disapproved Application		
Signature			Date